

DECLARATION AND POWERS OF ATTORNEY

As a below named inventor, I hereby declare that my residence, post office address and citizenship is as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "REMOTE MONITORING INFORMATION MANAGEMENT" the specification of which was filed on _____, as Application No. _____ and was amended herewith or, if not identified here by filing date and application number, is attached hereto. I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR 1.56(a). I hereby claim foreign priority benefits under 35 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate by me or my representatives or assigns for this invention having a filing date before that of the application on which priority is claimed:

Application No. _____ in _____ on _____ priority claimed () Yes () No
 Application No. _____ in _____ on _____ priority claimed () Yes () No
 Application No. _____ in _____ on _____ priority claimed () Yes () No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

60/241,048	10/17/00	Pending
(Application Number)	(Filing Date)	(Status-patented, pending, abandoned)
(Application Number)	(Filing Date)	(Status-patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. I hereby appoint, individually and collectively, the practitioners associated with the Customer Number provided below as my/our attorney or agent with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith:

CUSTOMER NUMBER: 028004

SEND CORRESPONDENCE TO:

CUSTOMER NUMBER: 028004

Attn: Harley R. Ball
 Sprint Law Department
 8140 Ward Parkway
 Mailstop: MOKCMP0506
 Kansas City, Missouri 64114

ATTORNEY CONTACT:

Michael J. Setter
Phone: (303) 546-1300
Fax: (303) 449-5426

SOLE OR JOINT INVENTOR

Inventor (1) Steve Dispensa _____
(Type or Print) (Signature in Full)

Citizenship: United States of America Date: _____
Post Office Address: 5601 W. 133rd Terrace, Shawnee Mission, KS 66209-4053

Residence: 5601 W. 133rd Terrace, Shawnee Mission, KS 66209-4053

SOLE OR JOINT INVENTOR

Inventor (2) Jason M. Sloderbeck _____
(Type or Print) (Signature in Full)

Citizenship: United States of America Date: _____
Post Office Address: 1018 Broadway Road, #304, Kansas City, MO 64105

Residence: 1018 Broadway Road, #304, Kansas City, MO 64105

SOLE OR JOINT INVENTOR

Inventor (3) Rhett Place _____
(Type or Print) (Signature in Full)

Citizenship: United States of America Date: _____
Post Office Address: _____

Residence: _____